CLAIM OF: JAMES ROSENFELD 1183 Woods Circle Atlanta, Georgia 30324

For damages alleged to have been sustained as a result of striking a damaged curb on October 3, 2009 at 1264 Lavista Road.

THIS ADVERSED REPORT IS APPROVED

BY:

JERRÝ L. DELOACH DEPUTY CITY ATTORNEY

## **ADVERSE REPORT**

PUBLIC SAFTEY &

LEGAL ADMINISTRATION COMMITTEE

DATE:

CHAIR:

James 1



## OFFICE OF MUNICIPAL CLERK

RHONDA DAUPHIN JOHNSON MUNICIPAL CLERK

55 TRINITY AVENUE, S.W. SECOND FLOOR,EAST SUITE 2700 ATLANTA, GEORGIA 30335 (404) 330-6030 FAX (404) 658-6273

March 9, 2010

Mr. James Rodenfeld 1183 Woods Circle Atlanta, Georgia

10-R-0368

Dear Mr. Rosenfeld

I sincerely regret that you have been adversely affected by the circumstances raised in your claim for damages against the City of Atlanta. Your time and patience in this matter has been greatly appreciated.

However, I must notify you that the Atlanta City Council Adopted an Adverse Report on your claim at its regular meeting on March 1, 2010. In consultation with the City's Law Department, who conducted an investigation of the situation, the Council has determined that the City cannot accept responsibility for this matter and therefore cannot pay this claim.

If you desire any further information, please contact the City Attorney's Office/Claims Division at (404) 330-6400.

Sincerely,

Rhonda Dauphin Johnson, CMC

Municipal Clerk

cc: Claims Division/Law Department

## DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. <b>09L1014</b>	Date: <u>January 26, 2010</u>
Claimant /Victim JAMES ROSENFELD	
BY:(Atty)(Ins.Co.)	
Address: 1192 Woods Circle Atlanta C. : 20204	
Subrogation: Claim for Property damage \$ \$1	000 00 D-1.1 T : • •
Date of Notice: 12/07/09  Method: Written	bodily injury \$
Conforms to Notice: O C G A 836-33-5	Improper Improper
Date of Occurrence 10/03/09 Place: 1264 Levistre	Ante Litem (6 Mo.) X
Denartment Rureau:	1 KUAU
Subrogation: Claim for Property damage \$ _\$1  Date of Notice: 12/07/09 Method: Writte:  Conforms to Notice: O.C.G.A. §36-33-5 X  Date of Occurrence 10/03/09 Place: 1264 Lavista  Department Bureau:  Employee involved Disciplinary Ac	tion:
Disciplinary Ac	tion.
NATURE OF CLAIM: The claimant alleges that he sust	
1264 Lavista Road. However, an investigation determin	and that this is a state route and Georgia Department
Transportation is responsible for the maintenance. The cla	im has been forwarded and the claimant has been additional
to pursue his claim with Georgia Department of Transpor	tation
2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	turon.
INVESTIGATION:	
Statements: City employee Claimant	Othora W. W.
Statements: City employee Claimant	Others Written Oral
Pictures X Diagrams X Reports: Police Traffic citations issued: City Driver	Dept Report Other
Traine citations issued. City Direct	Chaimani Driver
Citation disposition: City Driver(	Liaimant Driver
BASIS OF RECOMMENDATION:	
Function: Governmental	Aimietanial
Improper Notice More than Six Months	Other V D
Improper Notice More than Six Months Offer rejected	OtherX Damages reasonable
Repair/replacement by Ins. Co.	Compromise settlement
Repair/replacement by Ins. Co City Negligent	Loint Claim Alamata
eny regingent	Claim Abandoned
	Respectfully submitted,
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	Abulata
	INVESTIGATOR - LISA CARTER
	INVESTIGATOR - LISA CARTER
RECOMMENDATION:	
Pay \$Adverse X Account charged: Gen	eral Fund Water & Sewer Aviation
Claims Manager:	Concur/date <i>02/08/K</i>
Commutee Action:	Council Action
<i>'</i>	

COUNCIL OF THE CITY OF ATLANT **RE: CLAIM FOR DAMAGES** MUNICIPAL CLERK City Hall Today's Date: /2 55 Trinity Avenue, SW ENTERED 12-16-09 - SBAtlanta, Georgia 30303 09L1014 - L. CARTER Dear Municipal Clerk: This is to notify the City of Atlanta that I have suffered damages in the amount of \$ 23,000 bodily injury for which I contend the City is liable. 1. Date of incident: 10/3/09 2. Time of incident: 4:08 3. Police called: No Location of incident (including street address): 1264 Name of your insurance company: ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN **CRIMINAL PROSECUTION!** The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle. ABH6638 James Your vehicle: / City vehicle: (Department/Bureau) 9. Witness: Koray 10. The acknowledgement of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s). 11. Claims must be received within 6 months from the date of the event. I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT. Signature of Claimant (City, State and Zip Code)

		03-01-10
ITEMS ADOPTED ON	ITEMS ADOPTED ON	ITEMS ADVERSED
CONSENT	CONSENT	ON CONSENT
1. 10-O-0275	36. 10-R-0350	42. 10-R-0356
2. 10-O-0276	37. 10-R-0351	43. 10-R-0357
3. 10-O-0277	38. 10-R-0352	44. 10-R-0358
4. 10-O-0278	39. 10-R-0353	45. 10-R-0359
5. 10-O-0279	40. 10-R-0354	46. 10-R-0360
6. 10-O-0289	41. 10-R-0355	47. 10-R-0361
7. 10-O-0290		48. 10-R-0362
8. 10-O-0291		49. 10-R-0363
9. 10-O-0292		50. 10-R-0364
10. 10-O-0293		51. 10-R-0365
11. 10-O-0294		52. 10-R-0366
12. 10-O-0296		53. 10-R-0367
13. 10-O-0241		54. 10-R-0368
14. 10-O-0307		55. 10-R-0369
15. 10-R-0334		56. 10-R-0370
16. 10-R-0335		57. 10-R-0371
17. 10-R-0390		58. 10-R-0372
19 10-R-0395		59. 10-R-0373
20. 10-R-0407		60. 10-R-0374
21. 10-R-0411		61. 10-R-0375
22. 10-R-0394		62. 10-R-0376
23. 10-R-0396		63. 10-R-0377
24. 10-R-0338		64. 10-R-0378
25. 10-R-0339		65. 10-R-0379
26. 10-R-0340		66. 10-R-0380
27. 10-R-0341		67. 10-R-0381
28. 10-R-0342		68. 10-R-0382
29. 10-R-0343		69. 10-R-0383
30. 10-R-0344		70. 10-R-0384
31. 10-R-0345		71. 10-R-0385
32. 10-R-0346		
33. 10-R-0347		
34. 10-R-0348		
35. 10-R-0349		
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